PTO/SB/01 (08-03)

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Attorney Docket Number

DECLARATION	FOR UTILI	TY OR -	First Named Inventor									
DE	SIGN			RAYMON W. LUSH								
PATENT A	PPLICATIO	N	COMPLETE IF KNOWN									
(37 CI	FR 1.63)		Application Number									
Declaration	Declara	tion	Filing Date									
Submitted OR With Initial		ed after Initial urcharge	Art Unit									
Filing	(37 CFF required	R 1.16 (e))	Examiner Name									
I hereby declare that:												
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.												
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
SQUIRREL TEASING	SQUIRREL TEASING HANGER ASSEMBLY FOR A BIRD FEEDER											
(Title of the Invention)												
the specification of which												
is attached hereto												
OR												
OR												
OR Non filed on (MM/DD/)	////]	- Carling Name and BOT Law of the Law								
OR was filed on (MM/DD/Y	(YYY)	·	as United States A	pplication Number or PCT International								
	/YYY)	and was amended	as United States A	pplication Number or PCT International (if applicable).								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) RAYMON W.						Family Name or Surname LUSH				
Inventor's Signature Mm W	ust								Date 4-3-04	
Residence: City BLOOMFIELD	State NE			Coun	try			Citizer USA	nship	
Mailing Address	USA									
410 MAIN STREET										
City	State				ZIP				Country	
BLOOMFIELD	NE			68718					USA	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature					•				Date	
Residence: City	State			Country		Citizenship				
Mailing Address										
City	State			ZIP Cour				Countr	у	
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.										